



**ARKANSAS
STATE BOARD OF REGISTRATION
FOR PROFESSIONAL ENGINEERS**

**P.O. BOX 3750
LITTLE ROCK, ARKANSAS 72203-3750
www.arkansas.gov/pels
Phone (501) 682-2824
Fax (501) 682-2827**

Office of Registrar _____(College Name)

Applicant's Name: _____(First, Middle and Last Name) S.S. #: _____

Birthdate: _____ Phone: _____

Dear Sir or Madam:

The above named individual has filed an application for registration with this Board. In regard to his/her education, he/she states as follows:

List Types of Degrees and Date Received:

ONLY a registrar may complete this form.

Registrar Completes: place college seal here

Correct: _____

Incorrect: _____

Registrar's name: _____

Phone number: _____

Date: _____

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

Yours very truly,
Executive Director
ARKANSAS STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS
AND LAND SURVEYORS

NOTE: Applicant should complete top portion and forward to college with stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203-3750.